An
Inaugural Thesis,

On
The resemblance,

and
The mode of distinguishing

Chronic Hepatitis,

and
Tubercular Consumption

By
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It is now generally acknowledged, that tubercular consumption bears so strong a resemblance to several other diseases, that to point out its pathognomonic symptoms, is a task of no small difficulty.

But a similitude between it and hepatitis, appears to have eluded the observations of physicians; and on this, or some other account, I am led to believe that the diseases are too often confounded. Being first led to a belief of their resemblance, by the methods of treatment that prove efficacious in supposed cases of consumption, I have since been induced to notice more particularly the symptoms of the two diseases as they generally appear. And from what I have read, aided by my own personal observation, I am forced to conclude that chronic hepatitis, is often mistaken for tubercular consumption; not only by empirics, but by medical men of considerable fame and experience. To this conclusion I am more strongly urged, in consequence of the great value that has been attached to mercury in the treatment of consumption. While some practitioners of respectability and experience condemn

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this medicine as not only useless but absolutely pernicious; others of no less authority, over their belief of its great utility, and some go even so far as to say it is the only remedy from which we may expect any permanent benefit or relief. To enter into any detail respecting the treatment of either of the diseases under consideration, is not my intention; in as much as it would be a digression, unnecessary and inadmissible. But to mention some circumstances relative to it, appears indispensably requisite. That mercury has ever proved efficacious in the cure of tubercular consumption is by many denied, notwithstanding the authority in support of its utility. Whence then is the opinion held by some of its great utility? Before answering this question it will be necessary to state, that in the cure of hepatitis, it has superceded all other remedies, and it appears indispensably necessary in many cases, to effect its complete eradication. Physicians of all ages and almost every climate resort to it, some in all stages of the disease, but the skilful will handle it more judiciously.

genuine tubercular consumption on the contrary (it is admitted by the advocates for the remedy themselves) is sometimes aggravated and a fatal termination much accelerated by the exhibition of this medicine. Indeed so difficult are the cases to be distinguished, in which it is admissible, that even those who have full faith in its efficacy in some forms of the disease, are deterred from its use. And I am induced to believe that its alledged efficacy has not been with a desire of emulation nor with a view of imposing on the credulity of the public, but from a misconception of the true nature of the disease.

We frequently see chronic hepatitis come on so slowly and gradually without being preceded by acute inflammation of the liver; drapped in nearly all the apparel generally worn by hereditary consumption, and wearing so exactly its aspect, that the practitioner though enlightened and experienced, will without a cautious, and assiduous inquiry into its origin, progress, and the existing symptoms, be frequently deceived. Notwithstanding all our endeavours to obviate mistakes of this kind, they will some-

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times happen, and the correct management of the case consequently omitted unless it happen to fall into the hands of one who is an advocate for the use of mercury in the cure of phthisis. Confident of its being a disease of the lungs he at once resolves to try the efficacy of his favourite remedy which after the necessary preparation is cautiously introduced into the system. Happily for the patient the medicine is strictly though undesignedly adapted to the nature of the case, and the Doctr is soon delighted with the wonderful effect of his remedy, in the supposed case of consumption. He may again and again meet with similar cases (which are not rare in our southern climates) which will readily yield to a course of mercury judiciously administered. Finding himself not at all baffled in his attempts to cure the disease, he at once without fear of contradiction, promulgates his opinion to the world, which he declares to be supported by ample experience. So abundant and respectable is the authority in favour of this conclusion, that it is impossible in any other way to analyze it but by the above hypothesis or by directly admitting the

utility of the remedy; which at present I am neither prepared nor willing to do. I shall now go on to point out the symptoms of the two diseases as they most frequently occur. And first of phthisis. This disease has been deemed an expectoration of pus or purulent matter accompanied with hectic fever. But there are many other symptoms which accompany the disease; such as cough, pain in the chest emaciation, expectoration of blood difficulty of respiration, night sweats, and lastly a colliquative diarrhoea, which generally terminates the life of the patient. Although an expectoration of pus and hectic fever, always attend the advanced stage of phthisis, they are not confined to this disease; for it is evident that an expectoration of pus may arise, from the lungs strongly sympathizing with other diseased viscera; or in certain cases from pressure against the lungs by the swollen liver, inflammation may be induced, causing an inordinate secretion of mucus, which by stagnation is converted into pus by some unknown process, and finally from inflammation in these parts an adhesion is formed between the liver diaphragm and lungs, and not only pus but the parenchymatous structure of the liver

itself is expelled through the trachea. And if by the proper application of the appropriate remedies the natural functions of the liver be restored, the lungs will again unimpaired resume their healthy action. Chronic hepatitis is sometimes so insidious in its attack, that it may exist in the system for a considerable length of time, without the patient being conscious of it.

But this is not generally the case. In the incipiency of the disease the symptoms are, pyrexia, cough, pain in the side extending up under the scapula, producing there an itching or gnawing sensation, with a great degree of anxiety and uneasiness. To these succeed indigestion, loss of appetite, emaciation, sallowness of the skin, yellowness of the conjunctiva, furred tongue, a great degree of languor, swelling of the feet and legs and frequently an expectoration of blood or pus in the worst forms of the disease; night sweats and a difficulty breathing approaching that of asthma especially when in a horizontal position, which may arise from pressure against the diaphragm by the liver, thus preventing a free expansion of the air cells and facilitating the accumulation of phlegm or mucus in the same or from sympathy.

Although all these symptoms are scarcely ever present in

the same patient, they do sometimes occur and a sufficient number are generally present to point out the existence situation and nature of the disease. From these general descriptions of the two diseases it may be discovered that there is a striking similarity between them. But this resemblance is rendered much more conspicuous, by noticing in particular the symptoms that are common to them both

They are accompanied with pain in the side, cough, difficulty of breathing, languor, and emaciation of body. These are symptoms which are common to both the diseases and are nearly always present. But there are others such as night sweats, colliquative diarrhoea & an expectoration of blood and pus which accompany them more or less frequently according to the peculiar temperament of the patient, the nature of the exciting cause, and the length of time the disease continues, unrestrained in its ravages, by remedial agents. Although hæmoptysis is not an uncommon symptom of consumption, it is not always present nor is it always indicative of a primary affection of the lungs, it may take place from several causes. From the rupture or laceration of some minute rami-

fication of the pulmonary arteries, from erosion, from transudation or what more frequently happens anastomoses. The exciting causes are not less various. External violence applied to the trunk, violent exertion of the lungs in coughing, vomiting, or loud speaking, or direct and forcible determinations of blood to the lungs from any cause whatever may produce the disease especially if there be any hereditary predisposition to phthisis

That a hemorrhage of this kind may proceede from determinations of the blood to the lungs from compression of the blood vessels in different parts of the body, cannot be denied, but that an obstruction in the liver may occasion it, (as far as I know) has never been suggested to me however it appears highly probable. The vast quantity of blood which flows through that organ, makes it evident, that if any obstruction to its free passage be offered, and its velocity retarded, there will be a preternatural determination to some other part, as is exemplified in some of the severe affections of the heart from an obstruction in the portal vessels of circulation, or from pressure by an indurated liver upon some of the veins

of the other abdominal viscera, thereby preventing a free return of blood from these parts. The lungs are not less liable to plethora and it seems therefore, that they should be equally obnoxious, to the deleterious effects of an inordinate determination. No enlightened man in the present state of medical science, will venture to deny the resemblance of the acute diseases which frequently affect these two organs, or their serous envelopes, and the embarrassment under which the young physician must necessarily labour, when first entering into practice. As a proof of this we see in every practical treatise, not only the characteristic symptoms of the two diseases laid down, but direct lines of distinction or comparison, drawn between them, that their peculiarities may be distinguished and their diagnostics particularly noticed. Since there is so strong a resemblance between these two diseases it appears to require no considerable stretch of credulity to be convinced, that chronic diseases in the same organs, would present symptoms equally analogous, and when we have the proof of experience as a test the position cannot be doubted. Neither of the diseases

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has a tendency to terminate fatally, in a short time, but the severity of the local symptoms gradually augment, until the constitution becomes affected, and the system is by degrees completely exhausted. To enter into any farther details, to prove the similitude of these diseases, appears unnecessary, yet I cannot conclude this part of my subject, before saying a few words respecting hectic fever which is one of the most constant symptoms of tubercular consumption. It was for a long time supposed that this form of fever, depended on an absorption of pus, which being carried into the circulation, produced more or less deleterious effects according to the quantity taken up or the quality of the article. For the explosion of this theory we are indebted to the illusterous John Hunter who proved that it may take place from a variety of causes. That an expectoration of pus and this symptomatic disease often exist simultaneously, is too well attested to admit of doubt, but that it is the primary or only cause is now by every one denied. But on the other hand, it arise from irritation, in any part of the body and from any cause kept up for a sufficient length

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of time. It is sufficiently well known that inflammation, without the aid of suppuration, is adequate to the production of hectic, though it most frequently comes on after suppuration has commenced. Why may we not suppose that this fever (which always accompanies phthisis) may be produced by the continual irritation kept up by the patients? And why this peculiar affection of the circulatory system should ever have been confined to internal suppuration is difficult to explain.

Having treated of the symptoms of these diseases at sufficient length to render the similitude obvious, even to the most incredulous, I shall now go on to point out their characteristic difference, or the symptoms & management by which they may be distinguished.

But I do not wish it to be understood, that I expect to lay down rules by which each may be known without trouble or difficulty, for it would be presumptious in me, in as much as I am convinced, that it is is sometimes attended with great embarrassment, and can only be done by a careful observation, a few dis-

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crimination, and some experience. The practitioner when called to a case of this nature should be cautious of expressing his opinion too hastily, or describing the course he intends to pursue too precipitately. His prognosis at the early stage of his acquaintance with the disease, can rarely be well founded. Time must elapse, and frequent inquiries and examinations be made before any decided opinion be given. And in forming this opinion, there are several circumstances, independent of the existing symptoms, which are almost indispensably requisite to the establishment of just and correct conclusions; such as the manner in which the disease first came on, the time at which it first appeared, the climate and situation in which it first occurred, and the symptoms which intervened from its commencement, which will be noticed in their proper places. In describing the symptoms of the two diseases, it will be recollected, that both are accompanied with pain in the side; but the pain in hepatitis, generally extends up under the scapula of the right side, producing there sensations of a disagreeable nature, while that which attends pleu-

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thisis is confined to the chest. The cough which in hepatitis is dry and hard, in phthisis, is generally accompanied with copious expectoration, which generally consists, of mucus combined with blood, or pus, or both, nearly in the commencement, but in hepatitis pus is not commonly expelled until the complaint has resided in the system some time. The state of the pulse in the commencement of the diseases, varies very much. That of a phthisical patient, is commonly frequent, small, soft, and regular; that of hepatitis is at all attered, is more frequent, less full, and more tense & corded, and frequently intermits. Emaciation which is so common in both these diseases, is in hepatitis, usually combined with a peculiar yellowness of the skin, and of the tunica conjunctiva, and a tension of abdomen. While in consumptive patients the skin is remarkably delicate, and soft the cheeks of a pink hue, and the conjunctiva & sclerotica of a pearly whiteness.

From the difference in the causes of the diseases, a knowledge of the manner in which they first make their appearance, is a circumstance of no small importance,

in establishing a correct diagnosis. They both at times come on so slowly, and gradually, that little account can be given of their commencement, by the patient himself or by his friends; but in a majority of cases, it can be easily traced to some exciting cause.

Consumption generally commences in the winter season, or when there are frequent vicissitudes of weather, which expose the patient to frequent attacks of catarrh, thereby exciting into diseased action the tubercles which existed in the lungs as an inheritance. On the approach of summer, the pulmonary symptoms are gradually suspended, general health much improved, and the patient is flattered with returning health, which however is altogether deceptious, in as much as they are again renewed with redoubled violence, by the vicissitudes of heat and cold, in each succeeding autumn and winter, until all the prominent symptoms of consumption become immovably fixed —

It is not my intention here to theorise on the remote or proximate cause of liver disease, it being a subject almost exhausted by more able pens. But for the

investigation of the subject under consideration, it is necessary to remark, that to discriminate nicely between diseases of that organ and pulmonary consumption, a scrupulous examination into the remote causes should be made. We should first enquire particularly into the nature of the diseases prevalent in the patient's family, the diseases under which he himself has previously laboured, the character of the diseases in the immediate vicinity, whether or not there exist any local cause calculated to produce bilious or liver diseases such as a millpond, creek or river with unreclaimed marsh land, and decayed timbers, or putrid vegetable matter of any kind. And as all these local causes are active in the production of bilious diseases, in proportion to the state of the season or climate, they should be duly taken into our estimate. The temperature of the climate in which our patient was first attacked, should always be particularly noticed by the practitioner, for from this much useful information may accrue. The torrid zone, is much more fruitful in the production of liver diseases, & the frigid, are those parts of the tem-

perate which approximate them, much more frequently give rise to those of the lungs. This will be readily acknowledged, when we reflect on the number of persons, no farther south than the dividing line, of Virginia and N. Carolina who lose their lives from affections of the liver, when at the same time phthisis is comparatively rare. Look for the causes of death in some of the more northern states of our union! Here we find chronic hepatitis of uncommon occurrence, and when it does happen, it is more frequently in emigrants, in whom the disease might have long before existed in a latent state, or the inflammatory process might have been so gradual in its progress, as to subject him to so little inconvenience, that it passed unnoticed by him, until his general health, had suffered considerably from its undermining influence. Consumption on the contrary will here be found frequently to occur, either from a more extensive hereditary predisposition, or from more frequent exposure to the exciting causes. Even in the city of Philada. from the bills of mortality that are published weekly

we see, that more persons perish, from the unmanageable ravages of this disease, than any other to which the inhabitants are liable. Another circumstance which requires our attention, is the various symptoms which present themselves through the whole course of the disease. And these aided by the symptoms present at the time of examination will generally lead to a just conclusion of the true nature of the disease.

At the commencement of the diseases the symptoms differ exceedingly as has been already noticed. During the progress of hepatitis the appetite is in some cases, unimpaired until the constitution has suffered materially. In other cases the appetite is entirely wanting, but the patient is often voracious, eating with avidity, what ever falls within his reach; & it may be here remarked that the feces discharged, are never in proportion to the quantity of food taken in. As the disease advances the digestive organs become more and more tardy and sluggish in their operations, the stools become of an unnatural colour and consistence, not unfrequently of a white or clay colour, indicating the want of a

proper quantity of bile for the purpose of assimilation and nutrition. The skin is generally hard and dry, though some patients are from the slightest causes, thrown into profuse perspirations. The thirst is seldom considerably, though the tongue is very much furred especially about the base. The disease is sometimes attended with an apparent colliquative diarrhœa, which can seldom be corrected, but by removing the visceral disease, upon which its continuance depends. As differing from this in phthisis the appetite generally remains good, and the digestive organs discharge the duty of their functions, with that degree of regularity, indicative of a perfect healthy state of these organs. The advanced stage of consumption is not attended with that general debility of the digestive organs, and that imbecility, or imperfect action in the nutrive vessels, which attend diseases of the liver, though the disease frequently terminates in diarrhœa, induced by the long continuance of hectic fever. The skin is generally moist and profuse sweats at night are very common; indeed they almost always occur towards the close of the disease. It might be supposed that by ex-

cussion and the stethoscope, the practitioner would be led directly to the nature and seat of the disease. But in many instances, these and most other methods, prove useless and abortive. That a diseased state of the lungs by these means may be detected cannot be denied; but, that this disease primary, are not dependent on a derangement of some of the contiguous viscera, we can have no positive evidence. It is true that the lungs are positively diseased in many cases of long standing hepatitis, and when examined, give every necessary evidence of their situation. But it is not less true, that this disease in a majority of cases, upon the removal of the original affection, will soon disappear. when at the same time the whole calomel cathartics, might have been used in succession without the least beneficial effect. The stomach in hepatitis is often affected in a most violent manner, occasioning sour eructations, nausea, pyrosis, cardialgia, and all the other symptoms characteristic of true dispepsia. These symptoms are not to be witnessed in phthisis. Assimilation and nutrition go on more regularly, and in a measure seem to indicate a system unimpaired by disease, or uninjured by its effects. The secretion

of bile too, is more perfect and consequently all the disagreeable symptoms, which would arise from a deficiency or superfluity of that fluid are absent. These symptoms independent of any others might be sufficient to designate the two diseases, but there are yet others, which render the difference more conspicuous when carefully noticed. From the existence of an obstruction in the liver for any length of time, it is certain, that this organ must undergo some considerable change, in size, structure or sensibility. It is frequently so much swolen and indurated, that upon the application of the hand over the hypocondriac region of the right side, it may be readily perceived, & if pressure be made upon the tumefaction, the patient will complain of more or less uneasiness, and perhaps extreme pain. In some instances the sensibility is so acute that even the weight of the bed clothes occasion insufferable pain. On the contrary there are some examples of the disease, which require for detection considerable skill and accuracy of examination; and on this account practitioners have adopted particular modes for conducting such

examinations as may be deemed necessary or expedient. In order that the liver may be distinctly felt it is necessary, that the muscles of the abdomen, should be as much relaxed as possible and the diaphragm forced as far down as can be done by the full expansion of the lungs. To effect this object the patient should if in a horizontal position, should be made to flex his legs upon his thighs and his thighs upon the pelvis, and when in this position, he should be directed to make a full inspiration, that the air cells of the lungs may be completely expanded. But a vertical position should always be preferred if we are permitted a choice; for in this situation, the weight of the liver will cause it to descend below the margin of the false ribs, and render any alteration more easily distinguishable.

I have now nearly completed what I have to say respecting the diagnostics of these diseases, but before I conclude, I must very earnestly recommend to the candidate in a short history of the states of the mind, which "though trivial is not less" in importance of the many symptoms her

which the diseases are characterized. The commence with the patients. Dissatisfaction and the [illegible] are generally seen in their infancy, despondency is one of the characteristic symptoms. The patient often labours under most dreadful apprehensions from the slightest causes. These symptoms not only attend him during the day, but accompany him to his chamber, disturb his nocturnal repose, by preventing sleep, or arousing him [illegible] The most alarming dreams [illegible] occasionally starting up from his pillow as if conscious of some imminent danger hanging about his head; or if he be permitted to sleep sounder he awakes unrefreshed, and a degree of lassitude and listlessness prevails which renders him unwilling to perform any task that may be assigned him. The slightest accidents seem to produce on the mind of the hypochondriac an exaltation of the most alarming consequences. He starts at every uncommon noise that may be heard as anticipating some terrible disaster, or the result of some important catastrophe. He loses that relish for society which is so constant a concomitant of good health, and

secludes himself from the world, from his friends, and if possible from his family to ruminate over his feelings, and to discover if practicable, the origin, and direct seat of the disease, from which all these ill consequences and disagreeable symptoms spring.

In phthisis pulmonalis no such symptoms are present, on the contrary, the mind is free from trouble, unmindful of the dangerous consequences which must sooner or later inevitably follow or he is careless about his situation seeming not to regard the sting of death or fear its consequences. There are no hallucinations, no unfounded apprehensions, the mind is free from care, possessing all the vivacity clearness and strength of intellect for which its former healthy state was remarkable. No object appears too great for the patients accomplishment he is ready, willing, and feels himself able to perform any duty to which he was ever competent. He is unconscious of the diminution of strength that is daily taking place, and will hardly admit it when tested by experiment. He is fond of mixed society, spends his days in cheerfulness and mirth and

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when each day is over, he with delight retires to his secret chamber, enters his couch without the fear of heaven before him, and in silent repose sinks into a sweet sleep, in which situation he remains unmolestied, spending the whole night, without being once roused from his slumber by any untoward or perturbed imaginations. The End